

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL <div style="border: 1px solid black; padding: 2px;">Eloise Gomez Reyes for Congress</div>			
ADDRESS (number and street) PO Box 11487			
CITY, STATE, and ZIP CODE <div style="display: flex; justify-content: space-between;"> San Bernardino CA 92423 </div>			
2. NAME OF CANDIDATE Eloise Gomez Reyes	3. OFFICE SOUGHT (State and District) House CA 31		4. FEC IDENTIFICATION NUMBER C00544809
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="border: 1px solid black; padding: 2px;">Rodney Borger</div> <div style="border: 1px solid black; padding: 2px;">22410 Starwood Dr</div> <div style="border: 1px solid black; padding: 2px;">Yorba Linda CA 92887-2719</div>	Name of Employer CEPA Transaction ID : VN8MTCRN6A7 Occupation Physician	Date (month, day, year) 05/23/2014	Amount 1500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="border: 1px solid black; padding: 2px;">Timothy Disney</div> <div style="border: 1px solid black; padding: 2px;">5301 Rosewood Ave</div> <div style="border: 1px solid black; padding: 2px;">Los Angeles CA 90004-3029</div>	Name of Employer Self Employed Transaction ID : VN8MTCRKJ18 Occupation Film Maker	Date (month, day, year) 05/23/2014	Amount 2600.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="border: 1px solid black; padding: 2px;">National Emergency Medicine Political Action Committee</div> <div style="border: 1px solid black; padding: 2px;">1125 Executive Cir</div> <div style="border: 1px solid black; padding: 2px;">Irving TX 75038-2522</div>	Name of Employer Transaction ID : VN8MTCRN539 Occupation	Date (month, day, year) 05/23/2014	Amount 2500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount

SIGNATURE (optional) William P Smith CPA <div style="text-align: center;">[Electronically Filed]</div>	DATE 05/25/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)